

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2	1						52			
3	2						53			
4	1						54			
5	1						55			
6	1						56			
7	3						57			
8	1						58			
9	1						59			
10	2						60			
11	1						61			
12	1						62			
13	1						63			
14	3						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20							70			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	10						TOTAL IND.			
TOTAL DEP.	12						TOTAL DEP.			
TOTAL CLAIMS	23						TOTAL CLAIMS			